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| UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 1.53(b))</i> | | Attorney Docket No. 37505.0230 | |
| | | First Inventor Biggs et al. | |
| | | Title One Piece Header Assembly For An Implantable Medical Device | |
| | | Express Mail Label No. EU940429282US | |
| APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i> | | Commissioner for Patents ADDRESS TO: Box Patent Application Washington, D.C. 20231 | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>24 / 1</u>] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <u>9 / 1</u>] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>13 / 1</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies | |
| ACCOMPANYING APPLICATION PARTS | | | |
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 17. <input checked="" type="checkbox"/> Other: <u>Credit Card Forms for \$40.00 and \$824.00</u> | | | |
| 18. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="checkbox"/> Continuation Prior application information: </div> <div> <input type="checkbox"/> Divisional Examiner: _____ </div> <div> <input type="checkbox"/> Continuation-in-part (CIP) Group/Art Unit: _____ </div> <div> of the prior application No: <u> / </u> </div> </div> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> | | | |
| 19. CORRESPONDENCE ADDRESS | | | |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label 33751 | | OR <input type="checkbox"/> Correspondence address below | |
| NAME Michael F. Scalise Wilson Greatbatch Technologies, Inc. | | | |
| ADDRESS 10,000 Wehrle Drive | | | |
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| Name (Print/Type) Michael F. Scalise | | Registration No. (Attorney/Agent) 34,920 | |
| Signature <i>Michael F. Scalise</i> | | Date November 5, 2003 | |

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|--|--|------------------------|--|------------------|--|
| PTO/SB/17 (11/01) Approved for use through 10/31/2002, OMB 0651-0032 | | Application Number | | | |
| FEE TRANSMITTAL for FY 2002 <i>Patent Fees are subject to annual revision.</i> | | Filing Date | | November 5, 2003 | |
| | | First Named Inventor | | Biggs et al. | |
| | | Examiner Name | | | |
| | | Group/Art Unit | | | |
| G Applicant claims small entity status. See 37 CFR 1.27. | | Attorney Docket Number | | 37505.0230 | |
| TOTAL AMOUNT OF PAYMENT | | (\$) | | 864.00 | |

| METHOD OF PAYMENT (check all that apply) | | | | FEE CALCULATION (continued) | | | | |
|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None Deposit Account: Deposit Account Number: <u>502460</u> Deposit Account Name: _____ The Commissioner is hereby authorized to (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any fee deficiencies or credit any overpayments <input type="checkbox"/> Charge any additional fees during pendency of this application. <input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account | | | | 3. ADDITIONAL FEES | | | | |
| | | | | Large Entity Fee Code Fee (\$) 105 130 | | Small Entity Fee Code Fee (\$) 205 65 | | Fee Description Surcharge - late filing fee or oath \$ |
| | | | | 127 50 | | 227 25 | | Surcharge - late provisional filing fee or cover sheet \$ |
| | | | | 139 130 | | 139 130 | | Non-English specification \$ |
| | | | | 147 2,520 | | 147 2,520 | | For filing a request for <i>ex parte</i> reexamination \$ |
| 1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Code (\$) 101 770 201 385 Utility filing fee \$770 | | | | 112 920* | | 112 920* | | Requesting Publication of SIR prior to Examiner Action \$ |
| 106 340 206 170 Design filing fee \$ | | | | 113 1,840* | | 113 1,840* | | Requesting Publication of SIR after Examiner Action \$ |
| 107 530 207 265 Plant filing fee \$ | | | | 115 110 | | 215 55 | | Extension for reply within first month \$ |
| 108 770 208 385 Reissue filing fee \$ | | | | 116 420 | | 216 210 | | Extension for reply within second month \$ |
| 114 160 214 80 Provisional filing fee \$ | | | | 117 950 | | 217 475 | | Extension for reply within third month \$ |
| SUBTOTAL (1) \$770 | | | | 118 1,480 | | 218 740 | | Extension for reply within fourth month \$ |
| 2. EXTRA CLAIM FEES FOR UTILITY/ REISSUE Extra Fee from Claims below Total Claims / 23 / - 20** = / 3 / x / 18 / = \$54 | | | | 128 2,010 | | 228 1,005 | | Extension for reply within fifth month \$ |
| Independent Claims / 3 / - 3** = / 0 / x / / = \$ | | | | 119 330 | | 219 165 | | Notice of Appeal \$ |
| Multiple dependent / / x / / = \$ | | | | 120 330 | | 220 165 | | Filing a brief in support of an appeal \$ |
| Large Entity Small Entity Fee Fee Fee Fee Code (\$) 103 18 203 9 Claims in excess of 20 | | | | 121 290 | | 221 145 | | Request for oral hearing \$ |
| 102 86 202 43 Independent claims in excess of 3 | | | | 138 1,510 | | 138 1,510 | | Petition to institute a public use proceeding \$ |
| 104 290 204 145 Multiple dependent claim if not paid | | | | 140 110 | | 240 55 | | Petition to revive - unavoidable \$ |
| 109 86 209 43 **Reissue independent claims over original patent | | | | 141 1,330 | | 241 665 | | Petition to revive - unintentional \$ |
| 110 18 210 9 **Reissue claims in excess of 20 and over original patent | | | | 142 1,330 | | 242 665 | | 10 advance copies Utility issue fee (or reissue) \$ |
| SUBTOTAL (2) \$54 | | | | 143 480 | | 243 240 | | Design issue fee \$ |
| SIGNATURE: <u>Michael F. Scalise</u> | | | | 144 640 | | 244 320 | | Plant issue fee \$ |
| Michael F. Scalise Reg. No. 34,920 | | | | 122 130 | | 122 130 | | Petitions to the Commissioner \$ |
| DATE: November 5, 2003 Telephone: (716) 759-5810 | | | | 123 50 | | 123 50 | | Processing fee under 37 CFR 1.17(q) \$ |
| | | | | 126 180 | | 126 180 | | Submission of Information Disclosure Statement \$ |
| | | | | 581 40 | | 581 40 | | Recording each patent assignment per property (times number of properties) \$40 |
| | | | | 146 770 | | 246 385 | | Filing a submission after final rejection(37 CFR 1.129(a)) \$ |
| | | | | 149 770 | | 249 385 | | For each add'l invention to be examined(37 CFR 1.129(b)) \$ |
| | | | | 179 770 | | 279 385 | | Request For Continued Examination (RCE) \$ |
| | | | | 169 900 | | 169 900 | | Request for Expedited Examination of a design appln. \$ |
| | | | | Other fee (specify) _____ \$ | | | | |
| | | | | *Reduced by basic filing fee paid SUBTOTAL (3) \$40 | | | | |

Express Mail Mailing Label Number EU940429282USDate of Deposit November 5, 2003

I hereby Certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office To Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Commissioner for Patents, Alexandria, VA 22313-1450.

Rosemarie Contella
 Name

Brian A. Green
 Signature

November 5, 2003
 Date of Signature